



Nebraska Department of Administrative Services  
Materiel Division, State Purchasing Bureau  
301 Centennial Mall South, Mall Level  
PO Box 94847  
Lincoln, NE 68509-4847

Phone: 402-471-2401  
Fax: 402-471-2089

Name of Company

Business Name (if different from above)

Federal Taxpayer Identification Number

Address Line 1

Address Line 2

City

State

Zip

Name & Title of Company Representative completing M/W/D form

E-mail Address

Phone Number (please include area code) ( )

Fax Number (please include area code) ( )

### Minority, Women, Disabled Owned Designation Form

By completing this Minority, Women, Disabled Owned Designation form, you are hereby verifying that the Company represented on this form is owned, with more than 51% ownership, by a person(s) with the following designation:

Please sign by the appropriate designation  
(more than one may apply, signature is required by each)

**MBE - Minority owned business** (a business that has more than 51% ownership by a person(s) that are a minority)

Signature:

**WBE - Women owned business** (a business that has more than 51% ownership by a person(s) that are female)

Signature:

**DBE - Disabled owned business** (a business that has more than 51% ownership by a person(s) with disability)

Signature:

I hereby certify that the undersigned Company Representative, whose identity I have established to my own satisfaction, freely and voluntarily signed this designation form in my presence.

State of: \_\_\_\_\_

County of: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Signature of Company Representative \_\_\_\_\_ Date \_\_\_\_\_